

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A. 921 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, July 2<sup>d</sup> - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrietta Ann Weaver

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Seven Years, Months, Seventeen Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give Street and Number. } 934 W Stricker St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharps Mt

Date of Burial, July 6<sup>th</sup> 1887

Undertaker, J. B. Humm M. D.

Medical Attendant.

Place of Business, 1408 Penna Ave Address, 212 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

47-8



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Association of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 922 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, Monday July 4<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Hubruski

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 10 Years, 10 Months,    Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during life time

Place of Death, { Give Street and Number. } 154 (old No) Chesapeake St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum  
Colaps do

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cmi

Date of Burial, July 5<sup>th</sup> 87

{ Undertaker, Felix Broskowski J. E. Pichard M. D. Medical Attendant.

{ Place of Business, 1737 W. 1<sup>st</sup> St Address, 3830 O' Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 923

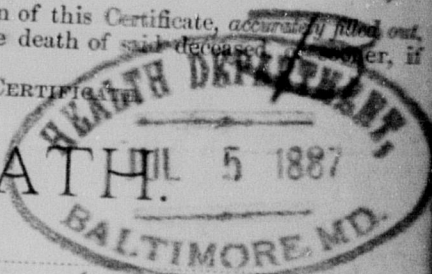
Office of Registrar of Vital Statistics.

Ward 5<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased. If requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, July 3<sup>rd</sup> 1887.

Full Name of Deceased, Katie A. Semmler  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female  
{ Cross out the word not required in this line. }

Age, 49 Years, 49 Months, 49 Days.

Color, White

Married, Single, Widow or ~~Widower~~, Widow  
{ Cross out the words not required in this line. }

Occupation, None

Birth Place, Bethesda  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 616 N. Bethesda St.  
{ Give Street and Number. }

Cause of Death, Marasmus  
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore General

Date of Burial, July 5, 1887.

Undertaker, Henry McGinnis

Place of Business, 1437 E. Baltimore Ave.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. **A 924**

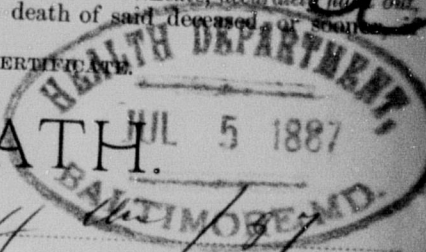
Office of Registrar of Vital Statistics.

Ward **18**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or as requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, **July 4 1887**

Full Name of Deceased, **John Hiteh** { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, **Male** { Cross out the word not required in this line. }

Age, **2** Years, **2** Months, **18** Days.

Color, **Colored**

Married, Single, ~~Widow or Widower~~, **Single** { Cross out the words not required in this line. }

Occupation, **none**

Birth Place, **Baltimore** { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, **Life**

Place of Death, **206 W. Carey Street** { Give Street and Number. }

Cause of Death, **Cholera Infantum** { First (Primary), Second (Immediate), }

Duration of Last Sickness, **8 days**

All the above information should be furnished by the Physician.

Place of Burial, **W. Public Cemetery**

Date of Burial, **July 5th 1887**

Undertaker, **Geo E. Brown** **Thomas A. Henry M. D.**

Place of Business, **Main Office** Address, **Carey St & E**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

**H. C. Seward**  
S. J.



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

A 925

Office of Registrar of Vital Statistics.

Ward

7<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death,

July 4<sup>th</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Frank

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Years,

5

Months,

21

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore, Md

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give Street and Number. }

# 810 North Wolfe St

Cause of Death,

{ First (Primary),

Second (Immediate),

Dentition

Cholera Infantum

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

July 5<sup>th</sup> 1887

{ Undertaker,

Wm B. Fry

J. E. Dooks

M. D.

Medical Attendant,

{ Place of Business,

301 N. Broadway

Address,

1519 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 926 Office of Registrar of Vital Statistics. Ward 15<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH

Date of Death, July 5<sup>th</sup> 1887

Full Name of Deceased, Chas. M. Neckung  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female or not required in this line.

Age, 6 Years, 6 Months, 24 Days.

Color, White

Married, Single, Widow or Widower, Single Cross out the words not required in this line.

Occupation, Ball Player

Birth Place, Baltimore  
State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 704 William St.

Place of Death, 704 William St.  
Give Street and Number.

Cause of Death, Enteritis  
First (Primary), Second (Immediate).

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 6 1887

Undertaker, Bernard Haile

Place of Business, 115 West St.

R. J. McTall, M. D.  
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 727

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

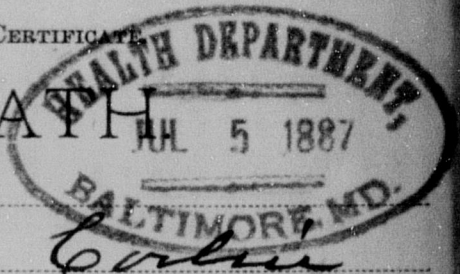
# Health Department, City of Baltimore.

Permit No. A. 927 Office of Registrar of Vital Statistics. Ward 10<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH



Date of Death, July 5<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Warren J. Colson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Twenty four Years, Months, Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Miner

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Thirty two years

Place of Death, { Give Street and Number. } 619 Milbury St.

Cause of Death, { First (Primary), Second (Immediate), } Typhoid Fever

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6, 1887.

Undertaker, Alex. Hensley Silas Buedin M. D. Medical Attendant.

Place of Business, 61 Orchard St. Address, 639 Duquesne St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 928 Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, July 4, 1887

Full Name of Deceased, Edward L. Lawson  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 21 Months, 21 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baltimore

Birth Place, Baltimore  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life time

Place of Death, 1300 Kuper Place  
{ Give Street and Number. }

Cause of Death, Chloro Infantum  
{ First (Primary), Second (Immediate), } Aspiration

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 5

Undertaker, J. B. Cook

Place of Business, 113 W. Baltimore Address, 1327 W. Bay View St.

Medical Attendant, G. J. L. Lenthum M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Board of Health, City of Baltimore.  
Permit No. A. 929 Office of Registrar of Vital Statistics. Ward 14  
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1887  
Full Name of Deceased, { Write legibly and spell correctly. If of infant not named, give names of parents. } John Lee  
Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male  
Age, 3 Years, 3 Months,    Days,  
Color, white  
Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single  
Occupation,     
Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City  
Duration of Residence in the City of Baltimore, Life  
Place of Death, { Give street and Number. } 1421 Lombard St West  
Cause of Death, { First (Primary), Meningitis  
Second (Immediate), 24 hours }  
Duration of Last Sickness, 24 hours  
All the above information should be furnished by the Physician.  
Place of Burial, Mount Olivet cemetery  
Date of Burial, July 31st 1887  
{ Undertaker Jos B Cook }  
{ Place of Business 1003 W Baltimore } Address, 576 Harrison  
M. D. Geo. J. Brown  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

A 930

Office of Registrar of Vital Statistics.

Ward

15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death,

July 4<sup>th</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Chas H Bras

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

4

Months,

2

Days.

Color,

red

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balta

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give Street and Number. }

6 Hughes St

Cause of Death,

{ First (Primary),

Second (Immediate),

Cholera Infantum  
Marasmus

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cem

Date of Burial,

July 5<sup>th</sup> 1887

{ Undertaker,

Sorrell & Son

{ Place of Business,

4-16 Cross St

Address,

Wm Gombel M. D.  
Medical Attendant.

610 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]